

## Global Choices

Global Choices is the *KyHealth Choices* plan for most *KyHealth Choices* members. This plan covers basic medical services. This is not a complete list of services. If a service is not listed, there is no co-pay. Some service limits can be increased if the service is medically necessary (requires prior approval).

Call *KyHealth Choices* at 1-800-635-2570 with questions about your benefits or visit the website at <https://kyhealthchoices.fhsc.com>.

Some people covered by *KyHealth Choices* never have to pay co-pays. These people include:

- Non-KCHIP Children
- Children under 19 years old who are in foster care
- Pregnant women
- Hospice care patients
- Personal Care or Family Care Home

Co-pays cannot be more than 5% of a family's income per quarter

Global Choices		
Benefit/Service	Co-pays *	Service Limits
Medical Out-of-Pocket Maximum	\$225 per calendar year (January – December)	
Pharmacy Out-of-Pocket Maximum**	\$225 per calendar year (January – December)	See prescription drug benefits
Acute Inpatient Hospital Services	\$50 co-pay per admission	
Laboratory, Diagnostic and Radiology Services	\$3 co-pay	
Out-patient Hospital / Ambulatory Surgical Centers	\$3 co-pay	
Physician Office Services ***	\$2 co-pay	
Behavioral Health Services****		
Allergy Services		Shots and allergy treatments limited to children under 21
Preventive Services		
Emergency Ambulance		

Global Choices		
Benefit/Service	Co-pays *	Service Limits
Dental Services	\$2 co-pay	<ul style="list-style-type: none"> <li>Children under 21, to include:               <ul style="list-style-type: none"> <li>- 2 cleanings per 12-month period</li> <li>- Extractions</li> <li>- 1 set of x-rays per 12-month period</li> <li>- Other dental services are available</li> </ul> </li> <li>Adults 21 and over:               <ul style="list-style-type: none"> <li>- 1 cleaning per 12-month period</li> <li>- Extractions</li> <li>- 1 set of x-rays per 12-month period</li> </ul> </li> </ul>
Occupational Therapy		At an approved setting: <ul style="list-style-type: none"> <li>No limit for children under 21</li> <li>Adults 21 and over are limited to 15 visits per calendar year</li> </ul>
Physical Therapy	\$2 co-pay	At an approved setting: <ul style="list-style-type: none"> <li>No limit for children under 21</li> <li>Adults 21 and over are limited to 15 visits per calendar year</li> </ul>
Speech Therapy	\$1 co-pay	At an approved setting: <ul style="list-style-type: none"> <li>No limit for children under 21</li> <li>Adults 21 and over are limited to 10 visits per calendar year</li> </ul>
Hospice (non-institutional)		
Non-Emergency Transportation		Transportation only to a <i>KyHealth Choices</i> -approved medical service, <b><i>not to pick up prescriptions</i></b>
Chiropractic Services	\$2 co-pay	Limited to 26 visits per 12-month period for children and adults

Global Choices		
Benefit/Service	Co-pays *	Service Limits
Prescription Drugs (for Members who do NOT have Medicare Part D)	<ul style="list-style-type: none"> <li>• \$1 co-pay generic</li> <li>• \$2 co-pay preferred brand</li> <li>• 5% co-insurance non-preferred brand up to a maximum of \$20 per prescription</li> </ul>	<ul style="list-style-type: none"> <li>• For adults 21 and over, limited to 4 prescriptions per month with a maximum of 3 brand names</li> <li>• The 4-prescription limit does not apply to children under 19</li> <li>• Insulin is excluded from the 4-prescription limit</li> <li>• Ask your doctor or pharmacist about exceptions for medical conditions or certain drugs</li> </ul>
Emergency Room	5% co-insurance for non-emergency visits not to exceed \$6 per visit	See Emergency Room section of this handbook
Hearing Aids		<ul style="list-style-type: none"> <li>• Limited to children under 21</li> <li>• Not to exceed \$800 per ear every 36 months</li> </ul>
Audiometric Services		<ul style="list-style-type: none"> <li>• Limited to children under 21</li> <li>• One audiologist visit per calendar year</li> </ul>
Vision Services	\$2 co-pay for ophthalmologic or optometric office visit	<ul style="list-style-type: none"> <li>• Eyewear limited to children under 21</li> <li>• Adults and children limited to 1 eye exam per calendar year</li> <li>• \$200 limit per calendar year. Maximum paid for one pair of glasses is \$150.</li> </ul>
Prosthetic Devices		
Home Health Services		
Durable Medical Equipment (DME)	3% co-insurance up to a maximum of \$15 per month	
Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)		Limited to children under 21
Substance Abuse		EPSDT and pregnant women only
Maternity Services <ul style="list-style-type: none"> <li>• Nurse mid-wife services</li> <li>• Pregnancy-related services</li> <li>• Services for other conditions that might complicate pregnancy</li> <li>• 60 days postpartum pregnancy-related services</li> </ul>		
Family Planning		
Podiatry Services	\$2 co-pay	

Global Choices		
Benefit/Service	Co-pays *	Service Limits
End Stage Renal Disease and Transplants		

\* 'Groups With Co-pay' include SSI members and Caretaker Relatives.

\*\* The Kentucky Medicaid Pharmacy Program allows pharmacy providers to dispense a 93-day supply or 100-dosage units, whichever is greater, of selected medications. If you have questions about which medications may be dispensed as a 93-day supply or 100-dosage units, check with your pharmacist.

\*\*\* 'Physician Office Services' includes physicians, certified pediatric and family nurse practitioners, nurse midwives, Federally Qualified Health Centers (FQHC's), rural health clinics (RHC's), primary care centers (PCC's), and physician assistants.

\*\*\*\* 'Behavioral Health Services' include mental health rehab/stabilization, behavioral support, psychological services, and inpatient psychiatric services.